

Client Information & Permissions Form

Primary Owner:

Client ID:

Address:

Street City State Zip

(Please list name, if phone number is for anyone other than the primary owner listed above)

Home Phone:

Work:

Cell:

E-mail:

Additional Owners:

(18 years or older)

A. Other than you and any additional owners listed above, are there any other persons (18 years or older) to whom you give primary responsibility for the care of your pets? (Authorized agents are not automatically entitled to make medical decisions for your pet, unless you give permission) If yes, please list them in the order you wish us to contact them in the event that you or the co-owner is not available.

Authorized Owner's Agent #1:

Phone:

Authorized Owner's Agent #2:

Phone:

B. Per the State of Wisconsin, I understand that my veterinarian will need to communicate with me, the co-owner, or my authorized agent, to obtain permission (informed consent) prior to treatment of my current and future pet(s). For purposes of informed consent, I direct my veterinarian as follows:

Permission (informed consent) may be provided by my designated authorized agents, in the order listed above

YES NO

C. Wisconsin law requires written permission to release your pet's health records to certain third-parties (non-owners). Wis.Stat.453.075. Please indicate to whom you authorize us to release your pet's health records.

Other Veterinary Clinics & Hospitals	YES	NO
Humane Organizations & Rescues	YES	NO
Property Management Organizations	YES	NO
Kennels & Pet Daycare	YES	NO
Groomers	YES	NO
Pet Insurance Companies	YES	NO
Other:	YES	NO

D. Do we have permission to use photographs, radiographs, ultrasound images, audio or video of your pet(s) in Clinic educational displays such as bulletin boards, brochures, website pages, social media pages or educational presentations?

YES NO

If YES: I agree not to file any claim for revenue or lawsuit for damages against this veterinary practice with respect to the display/release of this information.

E. If you should ever need to find a new home for your pet, please understand that you will need to submit written permission to us in order for records to be released to a new owner. Initials

I certify that I am the primary owner listed above, I am at least eighteen (18) years of age, and this information is correct to the best of my knowledge.

Signature Primary Owner:

Date:

Clinic Employee Witness Signature:

Date: